Reporting Guide for RBHA Contractors
Physical Health Covered Services Guide Mapping
Statement of Activities Mapping Guidelines
Appendix I

Line #	Item	Description	Form Type	Mapping
50105-01	Hospital Inpatient	All contracted or fee for service expenses for hospital inpatient services, including room, board, and ancillary expenses (Does not include Behavioral Health Services)	I	Facility based encounter with a Provider type 02 (Hospital), 35(Hospice), 71 (Psychiatric Hospital), 73 (Out of State Encounter), 83 (Free-Standing Birthing Center), C4 (Specialty Per Diem Hsp) and Bill Type is 111-127
50110-01	Behavioral Health Hospital Inpatient	All contracted or fee for service expenses for hospital inpatient services, including room, board, and ancillary expenses where behavioral health services is the principle diagnosis as per ACOM 432	I	One of the following Provider Types: 02, 71, 77, 78, B1, B3, B5, B6, C4 with one of the following revenue code of 0114, 0124, 0126, 0134, 0144, 0183 Or One of the following provider types: 71, 77, 78, B1, B3, B5, B6, C4 with Revenue Code of 0120
50205-01	Primary Care Physician Services	Contracted or fee for service expenses for primary care delivery and other practitioners, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	A	Provider Type: 02(Hospital), 05(Clinic), 07(Dentist), 08(MD-Physician), 31(DO-Physician), 90(QMB Only provider) , C4 (Specialty Per Diem Hsp) , IC(Integrated Clinics), RP(Referring/Ordering Provider) I1 (Immunization Clinics), 14(Physical Therapist), TR (Treat and Refer) **and** CPT codes 90000-90800, 90916-99999, 36400-36415, 38220-38221, 54150, 54160 EPSDT: Recipient is less than 21 years old and Diagnosis is V20-V20.2 or Category of Service is 08(EPSDT). Mental Health: CPT between 90801-90915, G0071-G0094
50210-01	Behavioral Health Physician Services	Expenses for physician services related to Behavioral Health services	A	Provider type 11, 39, 77, 85, 86, 87, A2, A3, A4, A5, A6 Select by provider type or AHCCCS COS with HCPCS codes equal to: H0001, H0002, H0003, H0004, H0017, H0018, H0019, H0025, H0031, H0034, H0038, H2000, H2011, H2012, H2014, H2015, H2016, H2017, H2019,

Line #	Item	Description	Form Type	Mapping
				H2020, H2025, H2027, S5110, T1002, T1016, T1019, T1020, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829, 90845, 90846, 90847, 90849, 90853, 90857, 90862, 90865, 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899, 96101, 96102, 96103, 96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125, 96150, 96151, 96152, 96153, 96154, 96155, 99255, H0020 with modifier equal to HG, H2010 with modifier equal to HG Select by HCPCS codes: 99201-99499 (if not previously selected by Service Matrix Category 40- Primary Care Service) Select by HCPCS H0020 and H2010 both codes with modifier equal to HG
50215-15	Referral Physician Services	Contracted or fee for service expenses for referral (specialist) physician services. This is Surgery and OB/GYN Services	A	Provider Type: 02(Hospital), 05(Clinic), 07(Dentist), 08(MD-Physician), 31(DO-Physician), C4 (Specialty Per Diem Hsp), 14 (Physical Therapist), 90 (QMB Only Provider) also CPT 10000-69999 with COS 02 or 00100-01999 with COS 01, 02 Exclude 54150 and 54160(Circumcision) and T1015 For OB/GYN services use 56405-59999 regardless of the category of service. Also include the following diagnostic codes: 614-677, V22.xx, V23.xx, V24.xx, V25.xx, V27.xx, V28.xx, and V72.3x & V72.4X, providing both form type and provider type conditions are met

Line #	Item	Description	Form Type	Mapping
50220-01	PH FQHC/RHC Services	FQHC/RHC services should be recorded to this line if the services meet the definition of a visit or are incidental to the visit	A or D	Provider type for FQHCs and FQHC Look-Alikes is C2 Provider type for RHCs is 29
50220-01	PH FQHC/RHC Services	FQHC/RHC Visit/Encounter	A or D	Provider type : C2, 29 HCPCS not code T1015
50225-01	Other Professional Services	All other Professional Services not otherwise classified above (50205, 50210 and 50215)	A	Select all HCPCS/CPT Codes for the following provider types: 03, 04, 09, 10, 11, 12, 13, 15, 16, 17, 18, 19, 22, 26, 30, 31 32, 36, 41, 46, 47, 48, 56, 62, 67, 68, 69, 73, 79, 82, 83, 84, 85, 86, 87, , E1, **OR** the category of service 45 for all services which have not already been mapped elsewhere
50305-01	Emergency Facility Services	Those expenses relating to emergency room and urgent care facility services provided on an outpatient basis	O, A	Rev Code 450-459 Only ER services that did not result in a hospital admission will be counted in this category. Form type O should limit this For behavioral health-related emergency facility services performed in a stabilization setting, codes 99821, 99822, 99823, 99824 and 99825.
50310-1	PH Pharmacy	Pharmacy expenses incurred for PH outpatient services	C, O	Form Type O: Rev codes 250-259, 630-633, 636 Select if Claim Type = E (Encounter) Select for all Form Type = C (Pharmacy)
50315-01	Laboratory, Radiology & Medical Imaging	Pathology, Laboratory and radiology (medical imaging, x-ray) expenses incurred for outpatient services	A	Also any other HCPCS that match the category of service value
50320-01	Outpatient	Outpatient facility expenses	O, A, I	**Form type O** rev codes not in the following ranges: 450-

Line #	Item	Description	Form Type	Mapping
	Facility	incurred for outpatient services. Includes outpatient/ambulatory surgical center		459. **Form type A** with provider type of 43 (Ambulatory Surgical Center). **Do not** include encounters only that contain the following rev codes (These will be included in Pharmacy service encounters): 250-259, 630-633, 636 **Form type I** pay code OPF, and CCO. Pay code TIR with Form Type 1 only when no tier levels found
50325-01	Durable Medical Equipment	Medical equipment, medical supplies, medical appliances and oxygen expenses incurred for outpatient services	A	For Rented: select by all HCPCS with AHCCCS Category of Service values and modifier codes equal to NR, RR or LL For Purchased: select by all HCPCS with AHCCCS Category of Service values. Bypass those selected in the Rental Category
50330-01	Dental	Dental expenses incurred for outpatient services, including outpatient surgery, pharmacy, lab, and radiology specifically related to a dental diagnosis	D, A	Select all form type D and select form type A and COS 11, PM (Performance Measures)
50335-01	Transportation	Medically necessary transportation expenses incurred for inpatient and outpatient services, both emergency and non-emergency	A	HCPC Codes: A0021-A0999, Q3019, Q3020, Z2999, Z3655, Z3700, J3490, J3490 RH and SH Total Emergency Trips – includes base, mileage, supplies cost, and uses base unit quantity only. Total Non-Emergency Trips – includes base, mileage, miscellaneous costs above. Uses base unit quantity only Select by HCPCS: A0100, A0110, A0120, A0130, A0140, A0426, A0428, T2003, T2005. Include costs, but set unit qty to 0, T2007, A0080, A0090, A0160, S0209, S0215, T2049, Z3344, Z3620, Z3643, A0170, A0180, A0190,

Line #	Item	Description	Form Type	Mapping
				A0200, A0210, A0999
50340-00	Nursing Facility (NF), Home Health Care	Expenses relating to nursing facility (NF) and home health care including durable medical equipment expense incurred in a NF or home health care setting. Examples include: Intermediate Care Facility and Skilled Nursing Facility	L, A	Nursing Facility: Form Type L Home Health: Provider Type – 23(Home Health Agency), 24(Personal Care Attendant), 27(Adult Day Health), 36(Assisted Living Home), 37(Homemaker), 39 (Habilitation Provider), 40(Attendant Care), 46(Nurse-Private RN or LPN), 50(Adult Foster Care), 57 (Residential treatment facility),70(Home Delivered Meals) 95 (Non Medicare Certified Home Health Agencies) **or** HCPC Codes: S5100, S5101, S5102, S5125, S5130, S5140 S5150-HQ, S5151, S5165, S5170, S9123, S9123-TG, S9124, S9124-TG, T1019, T1021, T2016, T2017, T2018, T2019, T2021, T2026, T2031, T2031-TF, T2031-TG, T2033, T2033-UI, TF, G0154
50345-01	Therapies	Rehabilitation therapies (occupational, physical and speech) and respiratory therapy incurred for outpatient services	A	Select by all HCPCS that meet Provider Type and AHCCCS Category of Service requirements